

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

\_\_\_\_\_ County

Court File No.

IV-D Case No.

In The General Court Of Justice  
District Court Division

Name Of Plaintiff

VERSUS

Name Of Defendant

PETITION FOR REINSTATEMENT  
OF LICENSING PRIVILEGES

G.S. 50-13.12(d), 110-142.2(e)

REQUEST FOR REINSTATEMENT OF LICENSING PRIVILEGES

I hereby request that the Court reinstate the licensing privileges listed below, which were revoked based on my failure to pay child support. I agree to continue to pay the full amount of my current child support obligation as it becomes due and to pay over time the full amount of any delinquent support that I owe under the court order.

Type(s) Of License	License Number(s)	Name And Address Of Issuing Agency
<input type="checkbox"/> Hunting _____		N. C. Wildlife Resources Commission, 1707 Mail Service Center, Raleigh, NC 27699-1707
<input type="checkbox"/> Fishing _____		N. C. Wildlife Resources Commission, 1707 Mail Service Center, Raleigh, NC 27699-1707
<input type="checkbox"/> Trapping _____		N. C. Wildlife Resources Commission, 1707 Mail Service Center, Raleigh, NC 27699-1707
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Driving		N. C. Division of Motor Vehicles, 1320 Mail Service Center, Raleigh, NC 27699-1320
<input type="checkbox"/> Motor Vehicle Registration (IV-D only)		N. C. Division of Motor Vehicles, 1320 Mail Service Center, Raleigh, NC 27699-1320

Name And Address Of Obligor

Date Of Birth

Race

Sex

Date

Signature Of Obligor

NOTICE OF HEARING

Notice is hereby given that a hearing will be held on this Petition for Reinstatement of Licensing Privileges at the date, time and place shown below.

Date Of Hearing

Time Of Hearing

AM  PM

Signature

Place Of Hearing

Deputy CSC  Assistant CSC  Clerk Of Superior Court

NOTE: Complete Certificate Of Service on reverse.

**CERTIFICATE OF SERVICE**

I certify that a copy of this Notice Of Hearing was served by

- depositing a copy enclosed in a postpaid properly addressed wrapper in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to
  - obligee     obligee's attorney     IV-D agency    at address shown below.
- delivering a copy personally to     obligee     IV-D agency    at address shown below.
- leaving a copy at the obligee's attorney's office with a partner or employee at the address shown below.

*Name And Address To Which Notice Sent*

*Date Served*

*Signature Of Person Serving Notice*

*Title*